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TMHP Transition Bulletin

An Introduction to the Texas Medicaid & Healthcare Partnership

BULLETIN

Bulletin Contents, No. 1

Welcome to the Texas Medicaid & Healthcare Partnership

Effective **January 1, 2004**, a coalition of contractors headed by Affiliated Computer Services, Inc. (ACS) called the Texas Medicaid & Healthcare Partnership (TMHP) will assume Medicaid Claims Administrator duties for the State of Texas, under contract with the Health and Human Services Commission (HHSC). This new contract transitions functions such as claims processing, the automated inquiry system (AIS), TDHconnect, and other services currently handled by the incumbent contractor, National Heritage Insurance Company (NHIC), to TMHP. TMHP will also be the administrator for the Medicaid Managed Care Primary Care Case Management (PCCM) model known as the Texas Health Network.

TMHP comprises the following entities: ACS (Affiliated Computer Services, Inc.), the prime contractor; Accenture, the technology partner; Public Consulting Group (PCG), the Third Party Resources partner; Mir Mitchell Corporation (MMC), the staffing support partner; as well as a number of other well-known hardware, software, and telecommunications organizations.

TMHP welcomes the opportunity to work with you as the new claims administrator. We recognize that a strong, open working relationship must exist between TMHP, HHSC, the provider community, and the clients they serve. We look forward to building that relationship with you.

ACS, the prime contractor, brings extensive experience in building Medicaid management partnerships. Currently, ACS is involved in administration of Medicaid programs in multiple states, including: New Mexico, New York, Louisiana, South Carolina, Florida, Utah, Hawaii, and Georgia. With the implementation of the New York MMIS, one-third of the nation's Medicaid claims will be processed by ACS systems. Since 1997, ACS has demonstrated its ability to support HHSC's mission and objectives, first as PCCM Administrator and again, in 1999, as the ASO contractor for the Children's Health Insurance Program (CHIP). The TMHP team is building on that knowledge and experience to effectively implement this contract administration change in the Texas Medicaid Program.

HHSC, TMHP, and NHIC are working closely together to minimize the impact this change will have on the provider community. TMHP is transitioning the current claims processing system (Compass21), to minimize any changes to current claims processing. If any changes occur, information will be relayed to the provider community in future editions of this bulletin scheduled for November and December distribution.

The upcoming transition requires a transfer of systems and operations from NHIC to TMHP. HHSC, NHIC, and TMHP are working jointly to establish "cutover dates" for a successful transition. Future TMHP Transition Bulletins will provide more detailed information on this and other transition topics such as program and/or policy changes. ■

Communication with TMHP

Successful operation of the Medicaid program depends upon open, consistent communication between those who administer and those who access the program. TMHP offers the following tools and resources to support that communication.

Phone Numbers and Addresses
TMHP is currently working to transition all existing NHIC addresses and phone numbers. If any addresses or phone numbers cannot be transitioned, providers will be notified in future publications.

Phone numbers related to the Texas Health Network will remain the same. New addresses for the Texas Health Network will be published

in upcoming TMHP transition bulletins, Texas Medicaid Bulletins, and the December Texas Health Network provider newsletters. Texas Health Network mail will be forwarded from the existing addresses for a period of time to ensure a smooth transition to the new addresses.

Contact Center

The TMHP Contact Center will be operational on **January 2, 2004**, and will be the main point of contact for the provider and client communities. As stated earlier, TMHP is working on transitioning all existing NHIC phone numbers and addresses to minimize the impact to the provider community.

Providers can communicate with the Contact Center through:

- Multiple toll-free numbers

- Letters

- Email

- Faxes

The primary telephone number for provider contact, currently used by NHIC, 1-800-925-9126, will transition to TMHP. This number will be used as it is today to access the automated inquiry system (AIS) for claims status and eligibility verification, or other inquires regarding the Medicaid Program. For claims and eligibility inquiries, the AIS will be available 23/7, with daily downtime from 3 a.m. to 4 a.m.

> **NOTE:** Please listen to all the options, as they will change with the transition to TMHP.

The following dates apply to the Contact Center transition to TMHP:

- **December 26, 2003** – Last date to submit AIS appeals to NHIC

- **January 2, 2004** – First date to submit AIS appeals to TMHP

- **December 31, 2003** – Last date to submit AIS Inquiries to NHIC

- **January 2, 2004** – First date to submit AIS inquiries to TMHP

New Service – Web Chat

TMHP is pleased to offer new services to assist you in getting your questions answered. Effective **January 2, 2004**, web chat will be available through the Contact Center. Providers will be able to correspond with a customer service representative and get their questions answered. Details on this service will be provided in future TMHP Transition Bulletins.

TMHP Website

The TMHP website, www.tmhp.com, will be an invaluable communication tool. The website will incorporate all information that is currently available to providers on the NHIC website, including:

- Publications, such as provider manuals and Texas Medicaid Bulletins

- Banner messages

- Workshop information and on-line registration

- Instruction guides

- Links to related State and Federal agency sites

- A map showing TMHP Provider Relations Representatives territories and the name of the representative serving your area

New Services – Claim Status and Eligibility Inquiries

TMHP is pleased to announce new functionality to the provider community via the TMHP website. Providers will be able to submit claim status inquiries and eligibility verification requests by accessing the provider link and clicking on the function they wish to perform. Interactive responses will be provided within less than a minute. More details about when the website and these new functions will be available will be included in future TMHP Transition Bulletins. ■

Claims Submission

TMHP will assume responsibility for processing both paper and electronic claims beginning **January 1, 2004**. Please see the schedule included on page 7 of this bulletin for dates related to Electronic Data Interchange (EDI) transaction receipt and processing. TMHP will use the same EDI file specifications that are currently used by NHIC (refer to the NHIC companion guides for current specifications).

Electronic Data Interchange (EDI)

Electronic Data Interchange (EDI) is the exchange of standardized document forms between computer systems for business use. The Texas Medicaid Program allows providers to submit claims, appeals, eligibility inquires, and claim status inquiries, and retrieve Remittance and Status Reports (R&S) electronically. TMHP will assume responsibility for the processing of EDI transactions beginning **January 1, 2004**.

TMHP is committed to keeping the provider community informed about the upcoming changes and encourages providers to watch for details in an upcoming EDI letter to providers and vendors.

The following paragraphs highlight important EDI information.

What is staying the same for EDI?

Submitter ID – To minimize disruption, TMHP will transition Submitter IDs from NHIC. Electronic submitters will not need to change their production Submitter ID.

File Specifications – TMHP will be using the same design specifications as NHIC for the electronic HIPAA mandated transactions, with the exception of Receiver ID and Receiver Name. TMHP Companion Guides containing the file specification information may be downloaded at http://editesting.tmhp.com.

TDHconnect – TMHP will continue to support TDHconnect.

EDI Contact Information – The current EDI Help Desk telephone numbers, fax numbers, and post office boxes will transition from NHIC to TMHP on **January 2, 2004**.

What will be changing?

Receiver ID and Receiver Name – The Receiver ID identifies the entity receiving the electronic transaction. Providers will have different EDI Receiver IDs for Acute Care and Long Term Care. The Receiver Name will change to TMHP and will be the same for both acute care and long term care.

Production Passwords – For security reasons, Texas Medicaid may require passwords to be reset. More details will be provided in future TMHP Transition Bulletins.

Connectivity – *The TexMedNet Bulletin Board System will no longer be supported*. Comparable functionality will be achieved by all electronic submitters migrating from the current TexMedNet system to the TMHP EDI Gateway. TMHP offers three main connection methods:

- Dial-up using Southwestern Bell Corporation (SBC). The carrier, dial-up client and telephone numbers will change.

- Virtual Private Networking (VPN) for secure communications using your own dial-up or dedicated internet connectivity.

- Dedicated TCP/IP lines for high-volume submitters who are willing to support them.

Communication Protocols – TMHP offers three ways to submit and receive files for providers not utilizing TDHconnect:

- File Transfer Protocol (FTP) allows users to copy files between their local system and any system they can reach on the network for batch transactions. For Texas Medicaid, each submitter will have a unique FTP directory.

- Hypertext Transfer Protocol (HTTP) allows submitters to transfer hypertext requests and information between servers and browsers. Medicaid providers will be able to submit interactive transactions through the TMHP website.

- Connect:Direct (also known as Network DataMover) is a peer-to-peer file-based

integration software optimized for high-volume, assured file transfers. Connect: Direct automates the secure, reliable transfer of large volumes of data within and between enterprises. TMHP will offer Connect:Direct for providers that submit extremely large batch files.

TMHP Website – *The TexMedNet.com and NHIC web sites will no longer be supported*. The TMHP website will provide the same functionality as the current NHIC and TexMedNet websites.

What else can you expect for EDI?

EDI Enrollment – EDI submitters wishing to exchange non-TDHconnect electronic transactions with TMHP must complete an enrollment process prior to being able to perform these transactions. To enroll, please go to http://editesting.tmhp.com.

EDI Testing – TMHP has elected to use the services of the Edifecs HIPAA-Desk. HIPAA-Desk is a comprehensive, web-based Transaction Compliance Testing & Certification service. Within 24 hours of enrolling with the TMHP HIPAA-Desk, providers may begin testing. The TMHP HIPAA-Desk will walk the submitter through self-enrollment and testing requirements. It will also provide automated tracking of testing results, reporting capabilities, and access to X12 implementation guide information to assist in resolving errors.

EDI Agreements – Prior to production submission, submitters who have successfully completed testing must complete a new trading partner agreement with TMHP. The agreement form will be provided to you when you have successfully completed testing. ■

Introduction to Fiscal Agent

Effective with the transition to TMHP on **January 1, 2004**, the Medicaid administrative services contractor will act as the state's Medicaid fiscal agent. A fiscal agent arrangement is one of two methods allowed under federal law and is used by all other states that contract with outside entities for Medicaid claims payment. Under a fiscal agent arrangement, the contractor is responsible for paying claims and the state is responsible for covering the cost of the claims. The current contract with NHIC more closely resembles an insured arrangement (the second method allowed by federal law), under which the state pays a premium to cover a portion of the cost of care and the contractor is responsible for some of the costs that exceed premium payments.

The fiscal agent arrangement will not affect Long Term Care and Family Planning (Titles V, X, XX) providers since these providers are not reimbursed out of the Compass21 system.

Public/Non-Public Provider Designation

The fiscal agent arrangement requires providers be designated as public or non-public. By definition, public providers are those that are owned or operated by a city, state, county, or other government agency or instrumentality, according to the Code of Federal Regulations. In addition, any provider/agency that can do intergovernmental transfers to the state would be considered a Public provider. This includes those agencies that can certify and provide state matching funds. Effective **January 1, 2004**, new providers enrolling in the Medicaid Program will self-designate their status on the provider enrollment application. Existing enrolled providers do not need to take any action ragarding this designation, at this time.

Fiscal Agent Payment Deadlines

New payment deadlines, as defined by HHSC, will be implemented as a result of the fiscal agent arrangement. Payment deadlines refer to the maximum time afforded to process and pay a claim. The payment deadlines ensure that the state and federal financial requirements are met. TMHP will be required to finalize all claims, including appeals, within 24 months. The matrix on the following page describes the new payment deadlines.

NOTE: Payment deadlines should not be confused with the claims filing deadlines that are in place for claim submissions and appeals.

Payment Deadlines	
All Providers' (except Long Term Care) Claims	Medicaid/CSHCN payments, excluding crossover claims, cannot be made after 24 months from the date of service or discharge date on inpatient claims.
Refugee Claims	The payable period for all Refugee Medicaid payments is the federal fiscal year (October–September) in which each date of service (discharge date for inpatient claims) occurs plus one additional Federal Fiscal year.
Medicare Crossover Claims	The crossover file create date is the date in which the file is received by Medicaid. The State has twenty-four (24) months from the create date to pay the crossover claim. For paper submissions, the State has twenty-four (24) months from the Medicare Remittance Advice date (attachment date).
Retroactive SSI Eligibility Claims	The payment deadline is derived from the client's eligibility add date; to allow twenty-four (24) months from the add date for the retroactive SSI eligible client.
County Indigent SSI Eligibility Claims	The payment deadline is derived from the client's eligibility add date; to allow twenty-four (24) months from the file create date to pay the claim.

NOTE: For Long Term Care providers, the payment deadline, effective November 1, 2003, is 12 months.

Recoupments

Until automated system edits for the new payment deadlines are in place, claims paid after the payment deadline will be recouped. The EOB message that will be used on paper R&S reports, and the HIPAA compliant message that will be used on electronic R&S reports will be published in future editions of this bulletin.

Schedule for Initial Payment Cycle

With the transition of the State's Medicaid Management Information System (MMIS) from NHIC to TMHP, a final claims and financial cycle with NHIC is planned for the weekend of **December 26, 2003**. This last NHIC cycle will generate the final reimbursement checks for all Medicaid, Children with Special Health Care Needs (CSHCN), and Family Planning providers for the 2003 calendar year.

The dates on the following page apply for submission, receipt, and processing of paper and electronic claims for Medicaid and CSHCN providers. Specific dates for Long Term Care providers follow.

Paper Claims

> **December 17** – Last date for NHIC to accept/ pick-up paper claims. All claims received by **December 17**, will be processed by NHIC.

> **December 18** – First date for TMHP to accept/pick-up paper claims. All claims received **December 18**, and after will be processed by TMHP.

Electronic Claims

> **December 23** – Last date for NHIC to accept electronic claims

> **December 24** – First day for TMHP to accept electronic claims

NOTE: Providers can submit electronic claims through **December 23, 2003**, for processing during the final NHIC financial cycle on **December 26, 2003**.

Processing/Financial Cycles

> **December 26** - NHIC's last financial cycle

> **January 5** - TMHP begins entering claims for processing

> **January 9** - TMHP's first financial cycle

> **January 16** – First Checkwrite from TMHP

Based on the new fiscal agent arrangement, TMHP financial cycles will run Friday of every week and checkwrite will occur on Friday of the following week.

Long Term Care CMS Processing/ Financial Cycles

Paper Claims

> **December 19** - Last date for NHIC to pick-up/ accept LTC paper claims

> **December 22** – First date for TMHP to pick-up/accept LTC paper claims

Electronic Claims

> **December 26** - Last date for NHIC to accept LTC electronic (cutoff at noon)

> **January 5** – First date for TMHP to accept LTC electronic claims

CSI and MESAV Requests

> **December 31** - Last date for NHIC to accept CSI and MESAV requests (cutoff at noon)

> **January 5** - First date for TMHP to accept CSI and MESAV

Remittance & Status Reports

> **December 27** - Last R&S produced by NHIC (available for download on **December 29**)

> **January 6** - First R&S produced by TMHP

Nursing Facility/CARE Form System
The dates below are approximations. Watch for more details in future TMHP Transition Bulletins.

Paper Forms

> **December 17** – Last date for NHIC to accept paper CARE forms (3618, 3619, and 3652)

> **January 5** – First date for TMHP to process paper CARE forms

Electronic Forms

> **December 23** - Last date for NHIC to accept electronic CARE forms

> **January 5** - First date for TMHP to accept electronic CARE forms ■

More Information on Transition

Please visit the HHSC website at http:// www.hhsc.state.tx.us/medicaid/med_tmhp.html for more information on TMHP and the transition effort, or contact Penny Pasquesi at penny.pasquesi@acs-inc.com or Sandy Tyler at sandy.tyler@acs-inc.com. Watch for additional transition bulletins scheduled for distribution in November and December.

Please continue to address your current issues related to claims administration to NHIC through **December 31, 2003**. ■

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A STATE MEDICAID CONTRACTOR

ATTENTION: BUSINESS OFFICE